EXHIBIT B
Medical File

Andalusia Regional Hospital

849 South Three Notch Street
Andalusia, Alabama

DEA AC 9709897

DORSEY, JOE M
D00100996315 D000046995
M/23 11/29/82 421-13-7359
HAMILTON, DUNSTON KIR

For

Address

Date

℞

Motrin 800 mg
#
90 0 6L

YES NO
LABEL [ ] [X]

DISPENSE AS WRITTEN

Reg. No.

PRODUCT SELECTION PERMITTED

REFILL AS DIRECT 1 2 3 4 5 11 TIMES PRN [ ] NON-REP [X]

AH-255 (Rev. 8/98)

MEDICATION ADMINISTRA[illegible] RECORD

Released

MEDICATIONS	HOUR 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31
Zantac 150mg. PO BID	AM 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31
	PM 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

RECORDS FROM INTEGRAL SOLUTIONS GROUP • 1-800-235-0767 FORM A

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

CHARTING FOR 5-1-05 THROUGH 5-31-05

Physician McLendon

Telephone No. Medical Record No.

Alt. Physician Alt. Telephone

Allergies NKA

Rehabilitative Potential

Diagnosis

Medicaid Number	Medicare Number	Approved By Doctor: By:	Title:	Date:
	421-13-7359			

RESIDENT [illegible] DOB 11-24-82 Sex F Race A Patient Date Admission Date

Covington County Sheriff Printed: Wed May 11,2005	MEDICAL SCREENING FORM JOE MITCHELL DORSEY (S421137359)	Booking Number 200007803 Booking Date MAY 11th, 2005

ADMISSION OBSERVATIONS

Is inmate conscious? (Y) N	Is inmate capable of responding? (Y) N	Can inmate walk on own? (Y) N
Any difficulty breathing? Y (N)	Is inmate hostile/aggressive? Y (N)	Any visible signs of trauma, bleeding, wounds or illness? (Y) N
Did arrest result in injury? Y (N)	Any fever, swollen lymph nodes, or jaundice? Y (N)	Is skin in good condition and free of vermin? (Y) N
Is inmate under obvious influence of alcohol? Y (N)	Is inmate under obvious influence of drugs? Y (N)	Any visible signs of alcohol or drug withdrawal symptons? Y (N)
Does inmate suggest risk of suicide? Y (N)	Do you consider inmate an escape risk? Y (N)	

Observations

INMATE QUESTIONNAIRE

HAVE YOU EVER HAD/HAVE ANY OF THE FOLLOWING ILLNESSES OR CONDITIONS?

Hepatitis Y (N)	Heart Disease Y (N)	Mental/Emotional Upset Y (N)
Tuberculosis Y (N)	Hypertension Y (N)	Attempted Suicide Y (N)
Sexually Transmitted Disease Y (N)	Epilepsy/Convulsions Y (N)	Asthma/Emphysema Y (N)
Ulcers (Y) N	Hemophiliac (bleeder) Y (N)	Cancer Y (N)
Kidney Trouble Y (N)	Aids/Exposed to Aids Y (N)	Diabetes Y (N)
DT's Y (N)	Skin Problems Y (N)	Use Insulin Y (N)
Drug Addiction Y (N)	Alcholism Y (N)	Mental Illness Y (N)
Recent Head Injury Y (N)	Coughed/Passed Blood Y (N)	Recent Hospital Patient Y (N)
Recent Treatment Y (N)	Use Needles Y (N)	False Limbs/Teeth Y (N)
Contagious Disease Y (N)	Pregnant/Recent Delivery Y (N)	

Doctors Name and Address

BONG ANDALUSIA

Health Insurance

NO

Special Diet

NO

Prescriptions/Medications

NO

Drug Allergies

NO

Descriptions

I have read the above carefully and have answered all questions correctly to the best of my knowledge.

Inmate's Signature Joe Dorsey Date: _____ Time: _____

Officers's Signature CJ006 Bill Blue Date: 5-11-05 Time: 2310

CJ006 BLUE, BILL

MEDICAL STAFF RECEIVING SCREENING FORM

Southern Health Partners, Inc

DORSEY | Joe | Mitchell | 5-11-05 | 5-12-05

Prison Fkys 3mos. ago | M | 421-13-7359 | 11-29-82

N/A

N/A

VISUAL MEDICAL OBSERVATION: *(Explain all "Yes" Answers) Circle Y or N*

Is inmate unconscious or showing visible signs of illness, injury, bleeding, pain or other symptoms suggesting the need for immediate emergency medical referral? yes Harms — Y N

Are there any visible signs of fever, jaundice, skin lesions, rash, or infection; cuts, bruises, or minor injuries; needle marks, body vermin? yes Scratches from nails — Y N

Does the inmate exhibit any signs that suggest the risk of suicide, assault, or abnormal behavior? yes — Y N

Does the inmate appear to be under the influence of, or withdrawing from drugs or alcohol? yes — Y N

Is the inmate's mobility restricted in any way due to deformity, cast, injury, etc. yes — Y N

ASK THE INMATE THESE QUESTIONS: *(Explain all "Yes" answers)*

Have you had or been treated for (circle as appropriate) asthma, diabetes, epilepsy, heart condition, high blood pressure, mental health problems, seizures, ulcers, or other conditions? Y N
Cannot remember Dr. Name (did Endoscopy)

Are you taking or are you taking any medication(s) prescribed for you by a physician? Y N
Zantac 150mg qd for ulcers

Are you allergic to any medications, foods, plants, etc.? Y N
NKA

Have you fainted or had a head injury within the last 72 hours? Y N

Do you have or have you been exposed to AIDS, hepatitis, TB, VD, or other communicable diseases? Y N

Have you been hospitalized by a physician or psychiatrist within the last year? Y N

Have you ever considered or attempted suicide? Y N

Do you have a medical condition? Y N

Are you taking medication prescribed by a physician? Y N

Do you drink alcohol? NO — Last time? — How much?

Do you use drugs? NO — Last time? — How much?

Are you pregnant? Yes, No, Unsure. Birth control pills, having abdominal pain or bleeding? Y N

VITAL SIGNS: 20 | 68 | Temperature 97.6 | BP 112/58

MEDICAL PROVIDER INTAKE FORM BEEN ADDRESSED WITH INMATE: Yes

MEDICATIONS NOTED: Yes

CLASSIFICATION: GP/MP | REFERRED TO: MD

Inmate will also be instructed how to obtain medical services and advised of the procedure for obtaining medical services and follow-up.

for Dawn
Connie Kynard, LPN

5-12-05
5-12-05

PROGRESS NOTES

DATE	NOTES SHOULD BE SIGNED BY PHYSICIAN
	Allergies: NKA DOB 11-29-82
5/12/05	Seen in screening c/o abd pain & states that he has been treated for ulcers since age 16 last in the last 2 yrs. has not required his Zantac. Inmate states, "But now my stomach is hurting & feels as though it is in knots & wants to vomit if he can get on something for his stomach. Zantac 150mg. PO BID V/O Dr. Mcwhorter/M. Lyons CPT

Doctor's Signature: _____

NAME- Last	First	Middle	Attending Physician	Record No.	Room, Bed
Dorsey,	Joe	Mitchell	Mcwhorter		

Covington County Sheriff Printed: Tue Jul 19,2005	MEDICAL SCREENING FORM JOE MITCHELL DORSEY (S421137359)	Booking Number 200008360 Booking Date JULY 18th, 2005

ADMISSION OBSERVATIONS

Is inmate conscious? (Y) N	Is inmate capable of responding? (Y) N	Can inmate walk on own? (Y) N
Any difficulty breathing? (Y) N	Is inmate hostile/aggressive? Y (N)	Any visible signs of trauma, bleeding, wounds or illness? Y (N)
Did arrest result in injury? Y (N)	Any fever, swollen lymph nodes, or jaundice? Y (N)	Is skin in good condition and free of vermin? Y (N)
Is inmate under obvious influence of alcohol? Y (N)	Is inmate under obvious influence of drugs? Y (N)	Any visible signs of alcohol or drug withdrawal symptons? Y (N)
Does inmate suggest risk of suicide? Y (N)	Do you consider inmate an escape risk? Y (N)	

Observations **INFLAMMATION OF LUNGS**

INMATE QUESTIONNAIRE

HAVE YOU EVER HAD/HAVE ANY OF THE FOLLOWING ILLNESSES OR CONDITIONS?

Hepatitis Y (N)	Heart Disease Y (N)	Mental/Emotional Upset Y (N)
Tuberculosis Y (N)	Hypertension Y (N)	Attempted Suicide Y (N)
Sexually Transmitted Disease Y (N)	Epilepsy/Convulsions Y (N)	Asthma/Emphysema Y (N)
Ulcers Y (N)	Hemophiliac (bleeder) Y (N)	Cancer Y (N)
Kidney Trouble Y (N)	Aids/Exposed to Aids Y (N)	Diabetes Y (N)
DT's Y (N)	Skin Problems Y (N)	Use Insulin Y (N)
Drug Addiction Y (N)	Alcholism Y (N)	Mental Illness Y (N)
Recent Head Injury Y (N)	Coughed/Passed Blood Y (N)	Recent Hospital Patient Y (N)
Recent Treatment Y (N)	Use Needles Y (N)	False Limbs/Teeth Y (N)
Contagious Disease Y (N)	Pregnant/Recent Delivery Y (N)	

Doctors Name and Address

Health Insurance

Special Diet

Prescriptions/Medications

Drug Allergies

Descriptions

I have read the above carefully and have answered all questions correctly to the best of my knowledge.

Inmate's Signature _____ Date: _____ Time: _____

Officers's Signature _____ Date: _____ Time: _____

CJ021 BURKETTE, RODNEY

Southern Health Partners, Inc.
TB Consent Form

Loc #
Exp. Date #:
Results:

Tuberculosis Screening and Treatment

What is Tuberculosis:

Tuberculosis ("TB") is a serious, infectious (transmitted through the air) disease that most commonly affects the lungs. In the lungs, the bacteria destroys elastic lung tissues and is replaced with fibrous connective tissues. The general symptoms of active TB are often subtle, unnoticeable and may include: Fatigue; Weight Loss; Fever; Chills; and Night Sweats. Symptoms of TB in the lungs may include: a persistent cough; chest pain; and coughing up blood. Although TB is preventable and can be cured with proper medication, 5% to 10% of those with active TB will die from the disease. This is usually due to patients not taking their medications correctly or improper drug treatment. TB is usually diagnosed through the use of the Mantoux tuberculin skin test. In this test, a dose of purified protein derived from the Tubercle bacilli, which is non-infectious, is injected into the upper layer of skin on the inside of the forearm. Forty-eight to 72 hours after the injection, the test site is examined. In most cases a hardened area of tissue 10 millimeters or larger is considered an indication of infection with TB, but it is not necessarily an indication of having active TB. Chest x-rays and sputum smears and cultures are used to test for active TB.

There are several high risk groups in the US that are known to have a high rate of TB. They include:

- The homeless;
- Alcoholics;
- The elderly;
- IV drug users
- Prison inmates
- Persons with HIV infections/AIDS

Screening:

Upon consent, all new inmates who are processed into jail, without written proof of receiving TB testing in the past year, will receive purified protein derivative (PPD) during the health screening. A nurse will read the PPD forty-eight (48) to seventy-two (72) hours afterwards and document the results in the patient's medical file. The patient will be instructed during the health screening to the necessity of follow-up medical care, the results (both positive or negative) and treatment which may be necessary.

Treatment:

During the screening, if a patient states he/she is past positive, we will not plant PPD, but will obtain a chest x-ray to see if the tuberculosis is active. When a nurse reads a positive PPD, a chest x-ray will be ordered as per physician protocol. The patient will receive information regarding the test results, symptoms of TB, proposed treatment, and follow-up care, etc.

Should the chest x-ray suggest active TB, the local Health Department, SHP Medical Team Administrator, and SHP corporate office should be notified immediately. Initiating therapy/treatment should begin under the recommendations of the local Health Department and in conjunction with the jail physician. The jail will immediately segregate the patient from general population. All people who have come in contact with the patient will have a skin test. The patient will have restricted movement and visitors in the jail, and will be required to wear a mask at all times during contact with staff and/or other persons, until subsequent tests prove no longer infectious.

All new inmates who are processed into the jail, who are on treatment and deemed not infectious will be housed in general population. If a patient is released from Jail during therapy, the local Health Department will be notified and provided with the patient's release location and/or the patient's last known address.

Consent for Testing/Treatment:

I hereby give my consent for TB testing and/or treatment, if needed. I have read and understand the above information regarding testing and treatment procedures.

Signature: _____ Date: 7-19-05

Witness: _____ Date: 7/19/05

MEDICAL STAFF RECEIVING SCREENING FORM

Southern Health Partners

LAST NAME	FIRST NAME	MIDDLE	INTAKE DATE	SCREENING DATE
Doe	Joe	M	2/8/05	2/9/05

SEX	SOCIAL SECURITY NO.	DOB
M	421-13-7359	11-29-82

CURRENTLY UNDER PHYSICIAN'S CARE FOR CHRONIC CONDITION? No

VISUAL / MEDICAL OBSERVATION: *(Explain all "Yes" Answers) Circle Y or N*

Inmate unconscious or showing visible signs of illness, injury, bleeding, pain, or other symptoms suggesting the need for immediate emergency medical referral? yes	Y	N
Are there any visible signs of fever, jaundice, skin lesions, rash, or infection: cuts, bruises, or minor injuries needle tracks, scars, lesions?	Y	N
Does the inmate exhibit any signs that suggest the risk of suicide, assault, or abnormal behavior? yes	Y	N
Does the inmate appear to be under the influence of, or withdrawing from drugs or alcohol? yes	Y	N
Is the inmate's mobility restricted in any way due to deformity, cast, injury, etc. yes	Y	N

ASK THE INMATE THESE QUESTIONS: *(Explain all "Yes" answers)*

Have you had or been treated for: (circle as appropriate) asthma, diabetes, epilepsy, heart condition, high blood pressure, mental health problems, seizures, ulcers, or other conditions? other	Y	N
Have you taken or are you taking any medication(s) prescribed for you by a physician? yes	Y	N
Are you allergic to any medications, foods, plants, etc.? yes	Y	N
Have you fainted or had a head injury within the last 72 hours? yes	Y	N
Do you have or have you been exposed to AIDS, hepatitis, TB, VD, or other communicable disease?	Y	N
Have you been hospitalized by a physician or psychiatrist within the last year?	Y	N
Have you ever considered or attempted suicide? yes	Y	N
Do you have a painful dental condition? yes	Y	N
Are you taking any medication that is not prescribed by a physician? yes	Y	N
Do you use drugs? How often? What kind? Last time? How much?	Y	N
Do you use alcohol? How often? What kind? Last time? How much?	Y	N
Females: LMP? Date: Are you pregnant, recently delivered or aborted; on birth control pills; having abdominal pain or discharge? yes	Y	N

NOTE VITAL SIGNS:

Respiration: 15	Pulse: 66	Temperature: 97.6	Blood Pressure: 127/87

HAVE ALL CONCERNS FROM OFFICER INTAKE FORM BEEN ADDRESSED WITH INMATE? yes

NOTE ALL STATED CHRONIC CONDITIONS NOTED: n/a

IUD IMPLANTED? (Y) OR N ARM LOCATION: R OR (L) IS H&P SCHEDULED FOR 14 DAYS n/a

REMARKS:

I have answered all questions truthfully. I have been told and shown how to obtain medical services and advised on how to obtain medication upon release. I consent for medical services to be rendered to me by and through Southern Health Partners, Inc.

Signature: [signature] Date: 2/9/05

SOUTHERN HEALTH PARTNERS

TB SKIN TEST VERIFICATION FORM

N.K.A

Prior to administering the TB skin test, please complete the information below. After administering the TB skin test, place this form in a central location for the test to be read within 72 hours. Once all information has been completed, file this completed form in the patient's medical record.

Inmate Name: Joe Dorsey Cell #_____

SS# 421-13-7359 DOB 11-29-82 Male or Female

Date of TB Skin test: 7/19/05 Done by Nurse: R Gilmore

Previous Positive: YES or (NO) Previous Therapy: YES or (NO)

TEST TO BE READ WITHIN 72 HOURS – COMPLETE BELOW INFORMATION:

Date TB Skin test was read: 7/22/05 Done by Nurse: R Gilmore

Number mm: 0 Referral for Chest X-ray: YES or NO If yes, Date of CXR: _____

Comments: _____

_____

Covington County Sheriff Printed: Wed Dec 07,2005	MEDICAL SCREENING FORM JOE MITCHELL DORSEY (S421137359)	Booking Number 200009374 Booking Date DECEMBER 6th, 2005

ADMISSION OBSERVATIONS

Is inmate conscious?	(Y) N	Is inmate capable of responding?	(Y) N	Can inmate walk on own?	(Y) N
Any difficulty breathing?	Y (N)	Is inmate hostile/aggressive?	Y (N)	Any visible signs of trauma, bleeding, wounds or illness?	Y (N)
Did arrest result in injury?	Y (N)	Any fever, swollen lymph nodes, or jaundice?	Y (N)	Is skin in good condition and free of vermin?	(Y) N
Is inmate under obvious influence of alcohol?	Y (N)	Is inmate under obvious influence of drugs?	Y (N)	Any visible signs of alcohol or drug withdrawal symptons?	Y (N)
Does inmate suggest risk of suicide?	Y (N)	Do you consider inmate an escape risk?	Y (N)		

Observations
DEMANDED TO TALK TO SOMEONE IN CHARGE

INMATE QUESTIONNAIRE

HAVE YOU EVER HAD/HAVE ANY OF THE FOLLOWING ILLNESSES OR CONDITIONS?

Hepatitis	Y N	Heart Disease	Y N	Mental/Emotional Upset	Y N
Tuberculosis	Y N	Hypertension	Y N	Attempted Suicide	Y N
Sexually Transmitted Disease	Y N	Epilepsy/Convulsions	Y N	Asthma/Emphysema	Y N
Ulcers	Y N	Hemophiliac (bleeder)	Y N	Cancer	Y N
Kidney Trouble	Y N	Aids/Exposed to Aids	Y N	Diabetes	Y N
DT's	Y N	Skin Problems	Y N	Use Insulin	Y N
Drug Addiction	Y N	Alcholism	Y N	Mental Illness	Y N
Recent Head Injury	Y N	Coughed/Passed Blood	Y N	Recent Hospital Patient	Y N
Recent Treatment	Y N	Use Needles	Y N	False Limbs/Teeth	Y N
Contagious Disease	Y N	Pregnant/Recent Delivery	Y N		

Doctors Name and Address

Health Insurance

Special Diet

Prescriptions/Medications

Drug Allergies

Descriptions
DON'T WANT TO TALK

I have read the above carefully and have answered all questions correctly to the best of my knowledge.

Inmate's Signature _____ Date: _____ Time: _____

Officers's Signature _____ Date: _____ Time: _____

CJ014 BUSH, JIMMIE

Age/Sex: 23 M
Unit #: D000046995
Account#: D00100971678
Admitted: 12/06/05 at 2230

DORSEY,JOE M (ADM IN)
D.ICU-D.315-A
Smith,Joanne M
Andalusia Reg Hosp Patient Care

DISCHARGE INSTRUCTIONS

Discharge Instructions 12/07/05 1529 JLL

<<DISCHARGE INSTRUCTIONS>>
Discharge to: Home
Discharge Date: 12/07/05 Discharge Time: 1530
Home Diet Instructions: N
Diet: AS TOLERATED
Fluid Restrictions: N ML Per Day:
Weight Monitoring: N
Frequency:
Wound Care: N
At Home Instructions for the care of you:

Activity: N
Recommendations:

<<Discharge Med Instructions>>
Medication Dose Route Time
: NONE
<<Special Instructions>> N
: REPORT TO THE EMERGENCY ROOMS IF HAVING ANY DIFFICULTIES OR DISTRESS F/U c Dr. McWhorter for antidepressant therapy.

<<Follow Up>> N MD:
Appointment made for:
Call For Appointment:
MD:
Appointment made for:
Call For Appointment:

<<Referrals>>
Patient Choice Letter: N
Agency Or Facility Name:
Special Instructions/Contact Name:

Home Health: Start Date:
Home Health Notified of Discharge:
Name of Person Notified:
Home Health Agency to Follow For:
<<Pain Mangement>> N
Pain on Discharge: Pain Score:
If Yes, Pain Management Techniques:
If you have any questions about your discharge instructions or needs call:
~~CALL DR. SMITH 222-0184~~ Error

Patient Family Member

Monogram Initials	Name	Nurse Type
JLL DNURJLL	LEWIS,JACLYN	RN

SOUTHERN HEALTH PARTNERS

Confidential Work Product

INPATIENT HOSPITALIZATION FAX FORM

THE FOLLOWING COMPLETED INFORMATION MUST BE FAXED TO THE CORPORATE OFFICE (423-553-5645) IMMEDIATELY FOLLOWING AN INMATE'S INPATIENT ADMISSION TO THE HOSPITAL. ANY UPDATED INFORMATION SHOULD BE COMPLETED AT A LATER DATE WITH THE ORIGINAL FORM BEING MAILED TO THE CORPORATE OFFICE.

INMATE INFORMATION:

Name: Joe Mitchell Dorsey Sex (M) or F DOB: _____

SS #: 421-63-7359 Classification: ☐ City Inmate ☑ County Inmate ☐ State Inmate

Potential 3rd party reimbursement/insurance and/or other bill responsibility information: _____
(Please note if SHP is NOT the responsible payor of the bill)

Hospital Admit Date: 12/7/05 Hospital Name: Andalusia Regional Hospital

Hospital Phone #: 334-222-9466 Treating/Admitting Physicians Name: _____

Was Admission: ☑ Emergency Admission ☐ Planned Admission for Treatment

Anticipated Length of Hospital Stay: _____

Specific Reason(s) for Admission: bacteremia

Anticipated Treatment: _____

Was SHP jail physician notified? Y or N Was Captain and/or Jail Administrator notified? Y or N

Nurse's Signature: _____ Date: _____

Facility Name: _____ State: _____

Please re-fax the form with Patient's Discharge Date : 12/[illegible]
upon release from the hospital. Thank you.

PROGRESS NOTES

Last Name [illegible] First Name Tex | Attending Physician [illegible] | Room No | Nurse No

Date	Notes Should Be Signed by Physician
12/05 1715	Brought to unit from Hsp. (Attempted hang at Cornerville) Cuts Steady. Pt was [illegible] uncooperative & offensive. Clothing removed & placed on suicide couch. Eyes & head down — will not speak to nurse. Pt information brought to nursing station. Patient Hsp. stay — Diana-RN
12/05 1800	Called to unit to evaluate suicide. Officer states he has been battering his head on the wall. Inmate found in 4 pt. restraints standing. Able to move all extremities. Straps loose & adjusted. Pupils equal - Pupils present. Reddened area @ forehead / temple area from struggle. Cuts present but bleeding stopped. Denied HI. No SI. Denies auditory hallucinations. Inmate verbally but has head repeatedly. Cuts on top of head & forehead. Superficial abrasions noted. Redness & Edema noted. Attempted to notify MHT @ 1715 to get inmate evaluated & dressed. Will report to nurse to document in chart. Nurse was on break & approved procedure but "quit talking at" - Stepped to door & MHT was already present & heard both of them state "Nurse" did not like to be told. Verbalized to nurse mental anguish & physical pain of not being able to cope. Stated he was willing to "Stay Calm & quiet & pray. Nurse states will contact for short intervals. Report to nurse. Inmate appears to be resting. Will be monitored. Patient denies any SI or HI. Inmate has been instructed to keep nurse informed if any HI or SI. Will be monitored.

MEDICATION ADMINISTRAT N RECORD

MEDICATIONS	HOUR 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31
Celexa 20mg QD	A P
Thorazine 50mg BID	A P
IBU 800mg BID X 7 days	A P
IBU 800mg BID X 10 days Stopped pm 11/5	A P

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

CHARTING FOR 12-8-05 THROUGH 12-31-05

Physician Meinhart

Alt. Physician

Allergies NKA

Diagnosis

Medicaid Number

Medicare Number 55H 421567351

Address (or Doctor)

By Title Date

RESIDENT

MEDICAL STAFF RECEIVING SCREENING FORM

Southern Health Partners, Inc.

LAST NAME: Dorsey | FIRST NAME: Joe | MIDDLE: M | INTAKE DATE: 12/6/05 | SCREENING DATE: 12/8/05 | TIME: 1440

PREVIOUS INCARCERATIONS: YES | SEX: M | SOCIAL SECURITY NO: 421-37-35?? | DOB: 11-29-82

CURRENT INSURANCE COVERAGE: | CURRENTLY UNDER PHYSICIAN'S CARE FOR CHRONIC CONDITION: N/A

VISUAL / MEDICAL OBSERVATION: *(Explain all "Yes" Answers) Circle Y or N:*

	YES	NO
Is inmate unconscious or showing visible signs of illness, injury, bleeding, pain, or other symptoms suggesting the need for immediate emergency medical referral? If yes:	Y	(N)
Are there any visible signs of fever, jaundice, skin lesions, rash, or infection: cuts, bruises, or minor injuries: needle marks: body vermin? If yes:	Y	(N)
Does the inmate exhibit any signs that suggest the risk of suicide, assault, or abnormal behavior? If yes:	(Y)	N
Does the inmate appear to be under the influence of, or withdrawing from drugs or alcohol? If yes:	Y	(N)
Is the inmate's mobility restricted in any way due to deformity, cast, injury, etc. If yes:	Y	(N)

ASK THE INMATE THESE QUESTIONS: *(Explain all "Yes" answers)*

Have you had or been treated for: (circle as appropriate) asthma, diabetes, epilepsy, heart condition, high blood pressure, mental health problems, seizures, ulcers, or other conditions? Other: inflammation of the gut.	(Y)	N
Have you taken or are you taking any medication(s) prescribed for you by a physician? If yes: has taken 3 ibuprofen + 3 advil in past	Y	(N)
Are you allergic to any medications, foods, plants, etc.? If yes:	Y	(N)
Have you fainted or had a head injury within the last 72 hours? If yes: has not yet	(Y)	N
Do you have or have you been exposed to AIDS, hepatitis, TB, VD, or other communicable disease? If yes:	Y	(N)
Have you been hospitalized by a physician or psychiatrist within the last year? If yes: 12/6/05	(Y)	N
Have you ever considered or attempted suicide? If yes:	Y	(N)
Do you have a painful dental condition? If yes:	Y	(N)
Are you on a specific diet prescribed by a physician? If yes:	Y	(N)
Do you use drugs? How often? daily What kind? cocaine Last time? How much? gram	(Y)	N
Do you use alcohol? How often? What kind? Last time? How much?	Y	(N)
Females: LMP Date: Are you pregnant, recently delivered or aborted; on birth control pills; having abdominal pain or discharge? If yes: N/A	Y	N

NOTE VITAL SIGNS:

Respiration	Pulse	Temperature	Blood Pressure
24	88		124/92

HAVE ALL CONCERNS FROM OFFICER INTAKE FORM BEEN ADDRESSED WITH INMATE? yes

ARE ALL STATED CHRONIC CONDITIONS NOTED: N/A

PPD IMPLANTED? Y OR (N) ARM LOCATION: R OR L IS H&P SCHEDULED FOR 14 DAYS: yes

REMARKS: explained to pt. will follow

I have answered all questions truthfully. I have been told and shown how to obtain medical services and advised on how to obtain medication upon release. I hereby give my consent for professional services to be provided to me by and through Southern Health Partners, Inc.

Inmate's Signature: _____ Date _____

Witness' Signature and Title: _____ Date _____

Southern Health Partners

MASTER PROBLEM LIST

For Use with Chronic Condition Patients. Chronic Conditions are classified as (but not limited to): Diabetes (IDDM NIDDM), Hypertension, Pregnancy, HIV/AIDS, Asthma, Seizures, Diagnosed Mental Illness, CHF, Hepatitis

Patient's Name (Last/First/Middle): Dawson Joe

ID#: 421B3B59 DOB: 11/04/52 Sex: M Intake Date/s: _____

Date Problem Identified/Dx	Chronic Condition	M.D. Comments	Date Of Initial M.D. Eval	M.D. Initials
12/8/05	Mental	Health		

H & P Date: 5/05 Allergies: NKDA

PPD Test Date: 7/19/05 PPD Results Date: 7/21/05 PPD Results: _____ mm

Facility Name: Wilcox C.I.

PROGRESS NOTES

Worley Joe McWhorter AIS# 42113759 NKA

Date | Notes Should Be Signed by Physician

12/8/05 Approx 2100 - CO called me @ home X2. 1st call relating that inmate Co Thist Pain + banging head on wall. Also inmate requesting to go to ER. CO will call back re Blood pressure + HR of inmate. Approx. 20mins later - CO called + related that inmate was sleeping soundly + breathing is last + will be kept in holding to monitor closely. Instructed CO to call if any changes in inmate's condition to resp. status ex, fx, thru to chest pain. ——— Order for NTA Lipmate Pres for Medical Reasons. 12/8/05 1610 Relates that the just going to MH + just taking meds. Denied SI, HI, AVH. Expresses no suicidal ideations or ideation. Spoke to Dr. McWhorter + New Orders received. ——— 11 Comp.

SOUTHERN HEALTH PARTNERS

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION TO CORRECTIONAL FACILITY

I hereby authorize any hospital, clinic, physician's office, and/or health agency to provide any information they may have acquired while attending me for a medical, dental or psychiatric problem to Southern Health Partners, Inc. who is the medical care provider of this Correctional Facility. Such information may include the following items:

[illegible]

X Xray reports for 12 05

I understand my records are protected under State and/or federal privacy laws and cannot be disclosed to a third party without my written consent unless otherwise provided for by State or Federal law. Records received will be kept within the patient's medical file within the correctional facility for the purpose of continued provision of health care services.

I release responsibility and/or liability from the correctional facility for the release of information to the medical unit to the extent indicated and authorized.

Information requested: documents [illegible]

Facility Name: Covington [illegible]

Street Address: 390 Hillcrest Dr

City, State, Zip: Andalusia, Al 334-428-2653

Joe M. Mercer 11-29-03

421-13 7359 12-23-05

12/20/05

Annette Clark 12/30/05

12 25 05

Physician's Orders

Inmate Name: Mosley, Jill M
SS#: 421137359
DOB: 11-29-82
Allergies: NKA

Covington County Jail

Date: 12-8-05
① Celexa 20mg QD ② Thorazine 50mg BID ③ IBU 800mg BID x 7 days
T.O. [illegible] MD Sig

Date: 12-25-05
① IBU 800mg BID x 7 days
Pt to [illegible] MD Sig

Date: 1/12/06
D/C Celexa & Thorazine
I/M Non-Compliant. Hx for 5 yrs. Before incarceration
V.O. [illegible] MD Sig

Date:

Date:

Date:

Date:

Date:

PROGRESS NOTES

Last Name	First Name	Attending Physician	Room No	Hosp. No
Larsen	Joe	Macherla	F	42137351

Date	Notes Should Be Signed by Physician
12/26/05	Late entry for 12/24/05 Appox 8:30 pm. Inmate observed by C.O.'s in bed falling from stairs onto concrete floor. Called C.O.'s stat report that he was able to sit & ambulate but C/O great pain all over. Then reported open abrasion. Nurse was not called neither C.O.'s transported to E.R. Inmate returned to R/U for ~Motrin. C/O stated back pain & feet cells not set for pill call. ——— E. Cole, Jr.
1/4/06	S — Injured lower back & shoulder down stairs. ER visit. Knots on head & neurological problems O — Back pain & tenderness to mid lower back Head — Knots & post neurological problems A — Back Contusion P — Continue meds

Macherla

MEDICATION ADMINISTRATION RECORD

COVINGTON COUNTY JAIL
DORSEY, JOE
REPORT DATE : 01/06

MEDICATIONS	HOUR 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31
CITALOPRAM HBR 20 MG TABL CELEXA 20 MG TABLET TAKE 1 TABLET ONCE DAILY.	12/08/06 AM
CHLORPROMAZINE 50 MG TABL THORAZINE 50 MG TABLET TAKE 1 TABLET TWICE DAILY	12/08/06 AM PM
IBU 800 mg ~ po 3id x 10 days	A P
Robaxin 750 mg ~ po B.d x 30 days	A P
IBU 800 mg ~ po B.d x 30 days	A P

CHARTING FOR 01/01/06 THROUGH 01/31/06 PAGE 1 OF 1

Physician MCWHORTER

Alt. Physician MCWHORTER

Allergies NKA

Telephone No.

Alt. Telephone

Medical Record No.

Rehabilitative Potential

Diagnosis

Medicaid Number | Medicare Number | Approved By Doctor:

By: Title: Date:

RESIDENT DORSEY, JOE 11/29/1982 M J DORSJOE 00/00/00

SOUTHERN HEALTH PARTNERS

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To: 4RH

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Summary of positive findings, most recent history, physical exam including any laboratory findings, medical/dental/psychiatric/psychological diagnosis and treatment regimen where last treated, initial discharge summary for any/all hospitalization(s), Laboratory and/or diagnostic test results, most recent medical/dental/psychiatric services I may have previously had, current medications and treatment plans. Other Records: X-Rays

I understand my records are protected under state and/or federal privacy laws and cannot be disclosed to any other outside party without my written consent unless otherwise provided for by state or federal law. Any records received will be kept within the patient's medical file within the correctional medical unit and be used for the provision of health care services.

I release from responsibility and/or liability from the correctional facility for the release of the above-described medical information to the medical unit to the extent indicated and authorized.

Name of Requested Documents: ATTN: MEDICAL UNIT/SOUTHERN HEALTH PARTNERS

County Name: Coffee COUNTY JAIL

Street Address: 290 Hillcrest Dr

City/State/Zip: Andalusia, AL 36420 Fax: 334-428-2855

Name: Joe Dorsey

Inmate ID Number: 421-13-2359

Dates of Service(s): 12/26/05

Joe Dorsey 11/29/52

N. Williams, RN 1/4/06

1/4/06

Faxed 1/4/05 DW

ADMISSION DATA / HISTORY AND PHYSICAL FORM

Exam Date: 1/13/06 S.S.#: 421-13-7359 ID#

Inmate Name: Dorsey (Last) Joe (First) Mitchell (Middle) Date Booked: 12/6/05

Alias: 0 (Last) (First) (Middle) County: Conv. Co

Address: 200 River Falls St. Apt 4 (Street) Andalusia (City) AL (State) 36420 (Zip)

Telephone: 334-222-3307 Birthdate: 11/23/82 Religion: Baptist

Education Completed: 10th grade Special Education: 0

Marital Status: S (M) W D Separated Read/Write English: (YES) NO Other:

Previous Incarcerations: (Facility/Date) Conv. Co. - See Attys

MEDICAL HISTORY

Notify in Emergency: 0 Quinita Dorsey (Name) wife (Relationship)

Address: Same as above (Street) (City) (State) (Zip) Phone:

Health Insurance: 0 (Type of Insurance) (State) (Policy Number)

Family Physician: 0 (Name) (Street Address) (City) (State) (Zip) (Phone Number)

Past Hospitalizations (include surgeries): 0

(Location) (Street Address) (City) (State) (Zip)

Head Injury with Loss of Consciousness: yes Last Tetanus: 2 Years Immunization:

Allergies:

Current Medication(s): 0

MENTAL HEALTH EVALUATION

Hospitalization for Mental Health Reasons: YES (NO) If Yes, Why

Where: (Location) (Street Address) (City) (State) (Zip) When: (Date)

Psychotropic Meds (Specify type and last dose): Thorazine 3 days ago

Prior Counseling/Out-Patient Treatment for: Mental Health

Where: SCAMH (Location) Andalusia (Street Address) (City) (State) (Zip) When:

Have you ever attempted suicide: No How: 0 When (Date)

Have you recently considered committing suicide? 0 (Date)

Do people consider you a violent person? 0

Have you ever been arrested for a violent crime/sexual offense? (Specify) DV

Street drugs: Cocaine 2 x month (Type-Quantity) (How Often) Smoke (How Long) Smoker: yes Etoh: No

Inmate's Signature:

Interviewer's Signature: H. Williams, LPN Date: 1/13/06

If refusal of physical is refused) Date: 1/13/06

Date

Results:

Tuberculosis Screening and Treatment

What is Tuberculosis:

Tuberculosis ("TB") is a serious, infectious (transmitted through the air) disease that most commonly affects the lungs. In the lungs, the bacteria destroys elastic lung tissues and is replaced with fibrous connective tissues. The general symptoms of active TB are often subtle, unnoticeable and may include: Fatigue; Weight Loss; Fever; Chills; and Night Sweats. Symptoms of TB in the lungs may include: a persistent cough; chest pain; and coughing up blood. Although TB is preventable and can be cured with proper medication, 5% to 10% of those with active TB will die from the disease. This is usually due to patients not taking their medications correctly or improper drug treatment. TB is usually diagnosed through the use of the Mantoux tuberculin skin test. In this test, a dose of purified protein derived from the Tubercle bacilli, which is non-infectious, is injected into the upper layer of skin on the inside of the forearm. Forty-eight to 72 hours after the injection, the test site is examined. In most cases a hardened area of tissue 10 millimeters or larger is considered an indication of infection with TB, but it is not necessarily an indication of having active TB. Chest x-rays and sputum smears and cultures are used to test for active TB.

There are several high risk groups in the US that are known to have a high rate of TB. They include:

- The homeless;
- Alcoholics;
- The elderly;
- IV drug users
- Prison Inmates
- Persons with HIV infections/AIDS

Screening:

Upon consent, all new inmates who are processed into jail, without written proof of receiving TB testing in the past year, will receive purified protein derivative (PPD) during the health screening. A nurse will read the PPD forty-eight (48) to seventy-two (72) hours afterwards and document the results in the patient's medical file. The patient will be instructed during the health screening to the necessity of follow-up medical care, the results (both positive or negative) and treatment which may be necessary.

Treatment:

During the screening, if a patient states he/she is past positive, we will not plant PPD, but will obtain a chest x-ray to see if the tuberculosis is active. When a nurse reads a positive PPD, a chest x-ray will be ordered as per physician protocol. The patient will receive information regarding the test results, symptoms of TB, proposed treatment, and follow-up care, etc.

Should the chest x-ray suggest active TB, the local Health Department, SHP Medical Team Administrator, and SHP corporate office should be notified immediately. Initiating therapy/treatment should begin under the recommendations of the local Health Department and in conjunction with the jail physician. The jail will immediately segregate the patient from general population. All people who have come in contact with the patient will have a skin test. The patient will have restricted movement and visitors in the jail, and will be required to wear a mask at all times during contact with staff and/or other persons, until subsequent tests prove no longer infectious.

All new inmates who are processed into the jail, who are on treatment and deemed not infectious will be housed in general population. If a patient is released from Jail during therapy, the local Health Department will be notified and provided with the patient's release location and/or the patient's last known address.

Consent for Testing/Treatment:

I hereby give my consent for TB testing and/or treatment, if needed. I have read and understand the above information regarding testing and treatment procedures.

Signature: _____ Date: 1/13/06

Witness: W. L. Williams LPN Date: 1/13/06

MEDICAL HISTORY & PHYSICAL ASSESSMENT

Problems	Yes	No	Problems	Yes	No	Problems	Yes	No
Vision		✓	Hypertension		✓	Gonorrhea		✓
Hearing		✓	Anemia		✓	Syphilis		✓
Balance/Dizziness		✓	Blood		✓	Muscle Problem		✓
Blackouts		✓	Stomach Pain		✓	Joint Problem		✓
DT's		✓	Heartburn		✓	Arthritis		✓
Headaches		✓	Ulcer		✓	Other		
Seizures		✓	Nausea/Vomiting		✓	Other		
Nervous Disorder		✓	Gall Bladder		✓	Regular Menstrual Period	N/A	
Throat		✓	Liver		✓	Irregular Menstrual Period		
Teeth		✓	Hepatitis		✓	# of days Menstrual Period		
Asthma		✓	Diabetes		✓	LMP		
Hay Fever		✓	Kidney Disease		✓	Gravida/Para		
Pneumonia		✓	Bladder Infection		✓	Last Pap	N/A	
Tuberculosis		✓	Trouble Voiding		✓	Contraception		
Heart		✓	Pediculi (lice)		✓	Other		

EXAM:

Age 23 Sex M Race B Ht. 6' Wt. 160.5

Pulse 80 BP 118/70 Temp. 97.2 Resp. 18

Area/Type	N	A/Comment	Area/Type	N	A/Comment
Skin: Color, Condition, Turgor, Recent Inj.		OK	Chest (Breasts): Configuration, Auscultation, Respirations, Cough/Sputum		OK
Head: Glasses, Pupils, Sclera, Conjunctiva, Vision		OK	Heart: Auscultation, Radial pulses, Apical pulse, Rhythm		OK
Ears: Appearance, Canals, Hearing		OK	Extremities: Pulses, Edema, Joints		OK
Mouth: Teeth/Gums, Dentures, Plates, Throat, Tongue, Tonsils		OK	Abdomen: Shape; Palpation, Hernia, Bowel Sounds		OK
Nose		OK	Spine		OK
Neck: Veins, Mobility, Thyroid, Carotids, Lymph nodes		OK	Genital/Urinary System		OK

LABORATORY TESTS

	Date & Initial	Results
Was PPD planted and read timely?	1/15/06 DS	1/17/06 Neg. DS
VDRL: RPR	0	
Other Lab Tests Needed:	0	
Pregnancy Test?	0	

MENTAL HEALTH OBSERVATION

	N	A/Comment
Orientation (person, place, time)		OX3
General appearance (motor behavior, mannerisms		Calm/Coop
Affect (mood)		
Content of thought, history of suicide, present thoughts of suicide		0

Physical Examiner's Signature: [signature] Date 1/15/06

Physician's Signature: [signature] Date 1/15/06

SOUTHERN HEALTH PARTNERS

TB SKIN TEST VERIFICATION FORM

Prior to administering the TB skin test, please complete the information below. After administering the TB skin test, place this form in a central location for the test to be read within 72 hours. Once all information has been completed, file this completed form in the patient's medical record.

Inmate Name: Joe Mitchell Dorsey Cell # A

SS# 421-D-7359 DOB 11/24/82 (Male) or Female

RPA

Date of TB Skin test: 1/15/06 Done by Nurse: [signature]

Previous Positive: YES or (NO) Previous Therapy YES or NO

TEST TO BE READ WITHIN 72 HOURS – COMPLETE BELOW INFORMATION

Date TB Skin test was read: 1/17/06 Done by Nurse: [signature]

Number mm: 0 Referral for Chest X-ray YES or (NO) If yes Date of CXR

Comments _____